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STATE OF IDAHO  
DEPARTMENT OF FINANCE  
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<http://finance.idaho.gov>



**IDAHO MORTGAGE BROKER/LENDER APPLICATION**  
Jurisdiction-Specific Requirements for the State of Idaho  
Form MU1 Uniform Mortgage Broker/Lender License Application

The following items must be included with any submission for a mortgage broker/lender license in addition to the requirements of the uniform application form. The "Home/Main/Corporate" location must be licensed prior to any branch. Each additional branch location desiring to conduct business in Idaho must be separately licensed and will require a separate filing of an MU3 application form with appropriate fees and bond. Fingerprints are not required in Idaho at this time. Amendments to the Form MU1 require full execution and notary.

1. **Qualified Person in Charge:** This person must demonstrate a minimum of three (3) years' experience specifically in residential mortgage brokering/lending. Idaho Code § 26-3108(2)(b). This person does not have to be an owner, officer, member, partner, director or any other specifically-titled employee. A resume must also be submitted and it must contain names, addresses, dates (mo/yr) of employment and **detailed job descriptions/duties** for all employers. Job titles alone are NOT sufficient. Make sure job descriptions or duties actually describe what this person does or has done—avoid words such as "manages", "supervises" "responsible for" etc., unless other information details hands-on experience.

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Name of Qualified Person in Charge

Business Address

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Phone

Fax

email

The QPIC must obtain a mortgage loan originator license if he/she conducts or will conduct mortgage loan origination activities in Idaho. If not, this person is still required to obtain continuing education in accordance with IDAPA 12.01.10 (10).

The Form MU2 must be completed and provided for each designated QPIC.

2. **Evidence of filing with the Idaho Secretary of State's office:** This may be a file-stamped (accepted) copy of the appropriate application or a copy of the actual certificate as issued. If a "d/b/a" or "fictitious" business name will be used in Idaho whether through electronic or other means, provide a file-stamped copy of the Certificate of Assumed Business Name. Contact (208) 334-2300 or [www.idsos.state.id.us](http://www.idsos.state.id.us) for further information and filing requirements.
3. **Samples of all origination forms that Idaho borrowers will be required to sign or acknowledge prior to closing.** Idaho Code § 26-3105(8). Do **not** include closing documents such as the Note, Deed of Trust, etc. *Form samples should **also** include those used to satisfy the four (4) required disclosures under Rule 50\_ (IDAPA 12.01.10.50.* Model forms are available on the Department's website at <http://finance.idaho.gov> and are included in any application package that is requested by mail.
4. **Application Fee:** \$350.00 payable to the Idaho Department of Finance. There are no fees charged for amendments such as name or address changes, additions/subtractions of d/b/a's, or corrections. A new full complete application package and fee will be required if the structure of the licensee is changed.

**Renewal Fee:** \$150 annually for each location.

5. **Financial Responsibility/Surety Bond or Certificate of Deposit:** Bond or CD must be in the minimum amount of \$25,000 for the “Home/Main” office, increased by increments of \$10,000 for each additional branch location. There is no maximum cap. The ***original*** bond or CD must be provided to this office. The bond must be fully executed by both the surety company and applicant. Subsequent changes to the bond may be in the form of a fully executed rider and may be a copy. A CD must be payable to the Idaho Department of Finance, with interest payable to the applicant entity. A CD must remain in place for a period of three (3) years after cessation of Idaho licensure. Instructions for a CD in lieu of surety bond are available on the Department’s website at <http://finance.idaho.gov> in the “loan originator and mortgage forms” section. **NOTE: The name of the principal insured on the bond/CD must match EXACTLY to the name shown in section 1A of the Form MU1 and the entity filing with the Idaho Secretary of State.**

6. **Registered Agent:** If your office is outside the border of the state of Idaho, you **must** maintain a registered agent inside Idaho. If needed, contact the Idaho Secretary of State for a list of registered agents. If your office is located within the borders of Idaho, the use of a registered agent is optional as your office personnel may serve as registered agent. However, if you used a registered agent when filing with the IDSOS, please provide the information about that registered agent.

Name of Registered Agent	Phone
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Address of Registered Agent	City	State	Zip
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7. **Mortgage Loan Originators:** Individuals desiring to conduct mortgage loan origination activity in Idaho as defined in Idaho Code § 26-3102(20), regardless of title or position, must be licensed prior to commencing origination activity unless exempt under Idaho Code § 26-3103, or individual is conducting origination activity as a sole proprietor exclusive to themselves. File Form MU4, with appropriate fee and bond, for each individual.

8. **Corporations/LLC/Partnerships:** Provide a recorded copy of Articles of Incorporation, Articles of Organization or Partnership Agreements, along with any amendments.

9. If you intend to fund, either through a warehouse line or other entity-owned funds, subordinate lien financing (i.e. second mortgages, equity lines, etc), and/or undertake the assignment and direct collection of payments and/or enforcement rights of such subordinate lien loans, your firm will be required to obtain and maintain an Idaho Regulated Lenders license, in addition to the Mortgage Broker/Lender license, and will be subject to the provisions of the Idaho Credit Code, its renewal and reporting requirements. This initial application will serve as the application for “dual” licensing authority and requires no additional application or fees. However, if the Mortgage Broker/Lender license becomes inactive for any reason (failure to renew, revoked, suspended, denied) the Regulated Lender license authority will also cease.

☐ Yes, “dual” lending authority
 ☐ No, “dual” lending authority

10. **Still need help?** Contact the licensing staff at 208-332-8002.

### Delivery

Please keep copies of everything submitted to the Department of Finance.

#### USPS

PO Box 83720  
Boise, ID 83720-0031

#### Overnight/Other Carriers

800 Park Blvd Ste 200  
Boise, ID 83712

Please submit all items simultaneously. Failure to submit a completed application may result in the denial of the application submission. Based on review of the submitted information, additional documents or information may be required. If you have not received any form of communication within 30 days of the Department's receipt of a complete application you may contact 208.332.8002 for a status. Status checks requested under 30 days will delay your application process. The Department is allotted 60 days for review of a complete application by statute. All approved licensees are posted to the Department's website daily.

**YOU ARE NOT AUTHORIZED TO ENGAGE IN MORTGAGE BROKERING OR MORTGAGE LENDING ACTIVITIES IN IDAHO UNTIL YOU HAVE RECEIVED A LICENSE AS AN ENTITY AND NO LOAN ORIGINATOR IS AUTHORIZED TO ENGAGE IN MORTGAGE LOAN ORINATION ACTIVITIES UNTIL THEY HAVE RECEIVED A LICENSE OR PROVIDED EVIDENCE OF EXEMPTION.**

**Return this Form with your application package.**

**UNIFORM MORTGAGE LENDER/MORTGAGE BROKER FORM  
FORM MU1 INSTRUCTIONS**

**A. GENERAL INSTRUCTIONS**

1. **FILING** – Form MU1 is the Uniform Mortgage Lender/Mortgage Broker business Application. Any *applicant* for a Mortgage Lender or a Mortgage Broker business license may apply to *jurisdictions* that have adopted the Uniform Application using Form MU1. An *applicant* must also refer to *jurisdiction*-specific requirements published by each *jurisdiction* in which it is applying.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant*.
4. **DATES** – The filing date is the date *applicant* submits this form to the *jurisdiction(s)*. The desired effective date is the date *applicant* would like this license/registration or amendment to become effective. Review published *jurisdiction*-specific requirements for effective date expectations.
5. **AMENDMENTS** – The *applicant* must update information as required in each applicable *jurisdiction* by submitting amendments using Form MU1. Circle (or otherwise identify) and complete the item(s) being amended as well as the name of the *applicant* and license number where applicable. Review published *jurisdiction*-specific requirements concerning the return of the prior original license/registration document when submitting the amended Form MU1.
6. **CONTACT EMPLOYEE** – The individual listed as the contact employee must be authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the applicant's organization.
7. **SURRENDER / CANCEL** – When an *applicant* decides to cease operations under the license/registration, use the Form MU1 to notify *jurisdiction(s)* by checking the "Surrender/Cancel" box and completing only items 1A, 2, and 3 (indicate specific *jurisdiction(s)* in which *applicant* is ceasing operations). Send the original license/registration document (if any was issued) to the *jurisdiction(s)*. Review published *jurisdiction*-specific requirements concerning additional specific requirements at surrender/cancellation.

**B. FILING INSTRUCTIONS**

1. **FORMAT**
  - A. Submit a fully completed Form MU1 to each *jurisdiction* when the *applicant* is filing for the first time. The *applicant* should review published *jurisdiction*-specific requirements for additional instructions.
  - B. For the initial Form MU1 filing, the Execution section must include notarized original manual signature.
  - C. Type all information.
  - D. Use only the current version of Form MU1 and its Schedules or a reproduction of them.
2. **ATTACHMENTS** – Provide the following:
  - A. Review published *jurisdiction*-specific instructions concerning attachments in PDF or alternative formats.

- B. File Schedules A and B only with initial applications. Use Schedule C to update Schedules A and B as needed.
- C. Provide the name, full delivery address, and telephone number of the registered agent for service of legal process. Consult the *jurisdiction(s)* to determine if the registered agent is required to be located within the *jurisdiction(s)* in which you are applying.
- D. File a Form MU2 for each individual designated on Schedules A or C as a *control person*.
- E. Fees per published *jurisdiction*-specific instructions.

## B. FILING INSTRUCTIONS – continued

- F. Some *jurisdiction(s)* require separate filings for use of fictitious, trade or “doing business as” name(s). Review published *jurisdiction*-specific instructions to determine such requirements, and attach a copy of such filing if required by that *jurisdiction*.
  - G. If the *applicant* is a corporation, enclose a copy of the Articles of Incorporation, including amendments, as well as a Certificate of Good Standing issued by the domestic state. Review published *jurisdiction*-specific instructions to determine requirements for a Certificate of Good Standing from the *jurisdiction* in which application is being made.
  - H. If the *applicant* is a limited liability company (LLC), enclose a copy of the Articles of Organization and operating agreement as well as a Certificate of Good Standing issued by the domestic state. Review published *jurisdiction*-specific instructions to determine requirements for a Certificate of Good Standing from the *jurisdiction* in which application is being made.
  - I. If the *applicant* is a partnership of any form, enclose a copy of the partnership agreement. If the *applicant* is a limited partnership, enclose a Certificate of Good Standing issued by the domestic state. Review published *jurisdiction*-specific instructions to determine requirements for a Certificate of Good Standing from the *jurisdiction* in which application is being made.
  - J. If the *applicant* is a sole proprietorship, review published *jurisdiction*-specific instructions for additional requirements.
  - K. Depending on the *jurisdiction*, individual(s) originating or soliciting to originate mortgage loans at the business may need to file a Form MU4. Review published *jurisdiction*-specific instructions to verify the requirements for individuals.
  - L. Depending on the *jurisdiction*, branch offices may need to complete a Form MU3. Review published *jurisdiction*-specific instructions to verify the requirements for branch offices.
3. **FINANCIAL RESPONSIBILITY** – Review published *jurisdiction*-specific requirements in which the *applicant* is applying to determine requirements for financial responsibility. These may include the submission of financial statements, surety bond(s), minimum net worth, or other documentation.
  4. **JURISDICTION-SPECIFIC REQUIREMENTS** – Review published *jurisdiction*-specific instructions from each *jurisdiction* in which the *applicant* is applying for a list of requirements unique to the *jurisdiction(s)*, including applicable fees, records retention, etc.

## C. EXPLANATION OF TERMS – The following terms are italicized throughout Form MU1

### 1. GENERAL

**APPLICANT** – The mortgage lender or mortgage broker applying or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

**CONTROL** – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or executive officer; (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; (iii) in the case of an LLC, Managing Member; or (iv) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

**CONTROL PERSON** – An individual (natural person) named in Item 1A or in Schedules A, B, or C that directly or indirectly exercises *control* over the *applicant*.

**JURISDICTION** – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

**PERSON** – An individual, partnership, corporation, trust, LLC or other organization.

**SETTLEMENT SERVICES** – The same as defined in federal Real Estate Settlement Procedures Act (RESPA) 12 U.S.C. Sec. 2601 et seq., Regulation X, 24 C.F.R. Part 3500 et seq.

## **C. EXPLANATION OF TERMS – continued**

### **2. FOR THE PURPOSE OF ITEM 8**

**CHARGED** – Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

**CONTROL AFFILIATE** – A partnership, corporation, trust, LLC, or other organization that directly or indirectly *controls*, or is *controlled* by, the *applicant*.

**ENJOINED** – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

**FELONY** – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

**FINANCIAL SERVICES OR FINANCIAL SERVICES RELATED** – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to; acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, real estate salesperson or agent, closing agent, title company, or escrow agent).

**FOREIGN FINANCIAL REGULATORY AUTHORITY** – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

**FOUND** – Includes adverse final actions, including consent decrees in which the

respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

**INVOLVED** – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing to reasonably supervise another in doing an act or omission.

**MISDEMEANOR** – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

**ORDER** – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

**PROCEEDING** – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

<b>FORM MU1</b>	<b>UNIFORM MORTGAGE LENDER/MORTGAGE BROKER FORM</b>					<input type="checkbox"/> MORTGAGE BROKER	
						<input type="checkbox"/> MORTGAGE LENDER	
	Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____					<input type="checkbox"/> MORTGAGE SERVICER	
License Number information (if applicable) is optional. Use additional sheets if necessary.		License #	<i>Jurisdiction</i>	License #	<i>Jurisdiction</i>	License #	<i>Jurisdiction</i>
		License #	<i>Jurisdiction</i>	License #	<i>Jurisdiction</i>	License #	<i>Jurisdiction</i>
<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> AMENDMENT <i>To amend, circle or identify item(s) being amended.</i>							
<input type="checkbox"/> SURRENDER/CANCEL <input type="checkbox"/> OTHER <i>(review jurisdiction-specific instructions)</i> _____							
<b>1.</b> Exact name, principal business address, mailing address, if different, and telephone numbers of <i>applicant</i> : <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>(A)</b> Full name of applicant          (sole proprietors provide last, first, and full middle name)          _____       </div> <div style="width: 45%;"> <b>(B)</b> IRS Employer Identification Number          (Social Security Number is allowed for sole proprietorship)          _____       </div> </div>							
<b>(C)</b> (1) Name under which business primarily is or will be conducted, if different from Item 1A: _____ (2) List any other name(s) by which the <i>applicant</i> conducts or will conduct business and the <i>jurisdiction(s)</i> in which they are or will be used (Use additional sheets as necessary).							
1. Name		<i>Jurisdiction</i>		2. Name		<i>Jurisdiction</i>	
3. Name		<i>Jurisdiction</i>		4. Name		<i>Jurisdiction</i>	
<b>(D)</b> <b>For amendments only:</b> If this filing reports the <i>applicant's</i> name has changed, specify whether the name change is of the <input type="checkbox"/> <i>applicant</i> name (1A) or <input type="checkbox"/> business name (1C1)? Enter the old name above and new <i>applicant</i> name here _____ or new business (trade/dba) name here _____							
<b>(E)</b> Main address: (Do not use a P.O. Box)  <div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Number &amp; Street</span> <span>City</span> <span>State / Province &amp; Country</span> <span>Zip+4 / Postal Code</span> </div>							
<b>(F)</b> Mailing address, if different from Main address:  <div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>PO Box or Number &amp; Street</span> <span>City</span> <span>State / Province &amp; Country</span> <span>Zip+4 / Postal Code</span> </div>							
<b>(G)</b> Telephone Numbers and Website: <div style="display: flex; justify-content: space-between;"> <span>( ) _____ - _____ ext _____</span> <span>( ) _____ - _____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Business Phone</span> <span>Fax Line</span> <span>Website address</span> <span>e-mail address (optional)</span> </div>							
<b>(H)</b> Other than the office in 1E, does the <i>applicant</i> conduct business with consumers through branch offices or other business locations? <input type="checkbox"/> YES <input type="checkbox"/> NO (In certain <i>jurisdictions</i> , branch offices or other business locations must be reported or approved. Use Form MU3.)							
<b>EXECUTION:</b> The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said <i>applicant</i> and agrees to and represents the following: (1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete; (2) To the extent any information previously submitted is not amended such information is currently accurate and complete; (3) That the <i>jurisdiction(s)</i> to which an application is being submitted may conduct any investigation in accordance with state law, into the background of the <i>applicant</i> for purposes of issuing the subject licenses; (4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis; (5) To keep accurate books and records or otherwise comply with the provisions of law pertaining to the conduct of business for which the <i>applicant</i> is applying.							
Notary seal here		_____			_____		
		Date (MM/DD/YYYY)			Signature of <i>applicant's</i> representative		
		Signed or attested before me: _____			By _____		
		Print Notary Public name			Print <i>applicant's</i> representative name		
		on this _____	day of _____,	at _____			
		Date	Month	Year	State	County	
		_____			_____		
		Notary Public signature			Notary Appointment Expires (MM/DD/YYYY)		
<b><i>This execution must always be completed in full with original, manual signature and notarization.</i></b> <b><i>Affix notary stamp or seal where applicable.</i></b>							



Applicant full legal name: \_\_\_\_\_

<b>2. Contact information for applicant:</b>															
(A) Contact Employee:															
_____ Name and Title				_____ Business Phone				_____ Fax Line				_____ e-mail address			
_____ PO Box or Number & Street				_____ City				_____ State / Province & Country				_____ Zip+4 / Postal Code			
(B) Employee authorized to respond to consumer complaints:															
_____ Name and Title				_____ Business Phone				_____ Fax Line				_____ e-mail address			
_____ PO Box or Number & Street				_____ City				_____ State / Province & Country				_____ Zip+4 / Postal Code			
(C) Physical address of location where the official books and records of the applicant will be kept. Consult each jurisdiction for specific records retention requirements.															
_____ Records Custodian Name				_____ Business Phone				_____ Fax Line				_____ e-mail address			
_____ Number & Street				_____ City				_____ State / Province & Country				_____ Zip+4 / Postal Code			
<b>3.</b> Enter appropriate number in the box(es) for each <i>jurisdiction</i> : Use the <b>MB</b> box for mortgage broker, the <b>ML</b> box for mortgage lender, and the <b>MS</b> box for mortgage servicer: Enter "1" if <i>applicant is newly applying</i> in that <i>jurisdiction</i> Enter "2" if <i>applicant has a pending application</i> in that <i>jurisdiction</i> Enter "3" if <i>applicant is already licensed/registered</i> in that <i>jurisdiction</i> Enter "4" if <i>applicant is surrendering/canceling</i> in that <i>jurisdiction</i> Enter "5" if <i>applicant was formerly licensed/registered</i> in that <i>jurisdiction</i> .															
	<b>MB</b>	<b>ML</b>	<b>MS</b>		<b>MB</b>	<b>ML</b>	<b>MS</b>		<b>MB</b>	<b>ML</b>	<b>MS</b>		<b>MB</b>	<b>ML</b>	<b>MS</b>
Alabama				Idaho				Montana				Rhode Island			
Alaska				Illinois				Nebraska				South Carolina			
Arizona				Indiana				Nevada				South Dakota			
Arkansas				Iowa				New Hampshire				Tennessee			
California – DOC				Kansas				New Jersey				Texas – OCCC			
California – DRE				Kentucky				New Mexico				Texas – SML			
Colorado				Louisiana				New York				Utah			
Connecticut				Maine				North Carolina				Vermont			
Delaware				Maryland				North Dakota				Virginia			
District of Columbia				Massachusetts				Ohio				Washington			
Florida				Michigan				Oklahoma				West Virginia			
Georgia				Minnesota				Oregon				Wisconsin			
Guam				Mississippi				Pennsylvania				Wyoming			
Hawaii				Missouri				Puerto Rico							

<p><b>4.</b> Check type(s) of mortgage related business engaged in (or to be engaged in, if not yet active) by <i>applicant</i>.</p> <ul style="list-style-type: none"> <li>(A) First mortgage loan brokering</li> <li>(B) Second mortgage loan brokering</li> <li>(C) First mortgage lending</li> <li>(D) Second mortgage lending</li> <li>(E) First mortgage servicing</li> <li>(F) Second mortgage servicing</li> <li>(G) Home equity loans, including lines of credit</li> <li>(H) Federal Housing Administration (FHA) insured loans as an approved Loan Correspondent</li> <li>(I) Federal Housing Administration (FHA) insured loans as an approved Direct Endorsement mortgagee</li> <li>(J) Ginnie Mae _____ approved Issuer/Servicer, or Fannie Mae _____ or Freddie Mac _____ approved Seller/Servicer</li> <li>(K) Loans guaranteed by the Veterans Administration (VA)</li> <li>(L) Reverse mortgage loans</li> <li>(M) High cost home loans (refer to various state definitions of covered transactions)</li> <li>(N) First Mortgage Servicing</li> <li>(O) Second Mortgage Servicing</li> <li>(P) Other mortgage products or settlement services (If "yes", briefly describe _____)</li> <li>(Q) Credit insurance</li> <li>(R) Other _____</li> </ul>		YES <input type="checkbox"/>
<p><b>5.</b> (A) Will <i>applicant</i> engage in any non-mortgage-related business?</p> <p>If "yes" briefly describe. _____</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>(B) Will <i>applicant</i> occupy or share space with any <i>person(s)</i> engaged in <i>financial services-related</i> activity?</p> <p>If "yes," provide the name(s) of the other <i>person(s)</i>. _____</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p><b>6.</b> (A) Indicate legal status of <i>applicant</i>.</p> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Corporation</span> <span><input type="checkbox"/> Sole Proprietorship</span> <span><input type="checkbox"/> Other (<i>specify</i>) _____</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Partnership</span> <span><input type="checkbox"/> Limited Liability Company</span> </div> <p>(B) <i>Applicant's</i> fiscal year end (MM/DD): _____</p> <p>(C) If other than a sole proprietorship, indicate date and place <i>applicant</i> obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where <i>applicant</i> entity was formed):</p> <div style="display: flex; justify-content: space-between;"> <span>State/Province &amp; Country of formation: _____</span> <span>Date of formation (MM/DD/YYYY): _____</span> </div> <p>(D) If <i>applicant</i> is a publicly traded corporation, please insert stock symbol: _____</p>		

Applicant full legal name: \_\_\_\_\_

<b>7. (A)</b> Directly or indirectly, does <i>applicant control</i> or is <i>applicant</i> under common <i>control</i> with, any <i>person</i> that is engaged in the business of a mortgage lender, mortgage broker, or providers of other settlement services?					<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>If no, go to item 7(B).</b> If yes, complete information below for each relationship. In the " <i>Control Relationship</i> " Column", enter "S" if the <i>applicant controls</i> the entity (subsidiary) and "A" if the <i>applicant</i> is under common <i>control</i> with the entity (affiliate). Attach additional sheets as necessary.						
Name of Partnership, Corporation, or Organization	Number and Street	City	State/Province	Zip + 4/Postal Code	Control Relationship	
Briefly describe <i>control</i> relationship(s), including an organizational chart which shows the relationship(s). Use additional sheets for comments if necessary.						
<b>(B)</b> Directly or indirectly, is <i>applicant controlled</i> by any of the following? <i>If no, go to item 8.</i>					<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Bank Holding Company                             <input type="checkbox"/> Credit Union                             <input type="checkbox"/> State Member Bank of the Federal Reserve System                         </div> <div> <input type="checkbox"/> National Bank                             <input type="checkbox"/> Foreign Bank                         </div> <div> <input type="checkbox"/> Savings Association/Savings Bank                             <input type="checkbox"/> Thrift Holding Company                             <input type="checkbox"/> State Non-Member Bank                         </div> </div>						
_____ Financial Institution Name						
<div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> </div> City State/Province Country Zip+4/Postal Code						
_____ Number and Street						
Briefly describe the <i>control</i> relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary.						
Schedule A (direct owners) and, if applicable, Schedule B (indirect owners) must be completed as part of all initial applications. Amendments to schedules A and B must be provided on Schedule C as changes occur.						

Applicant full legal name: \_\_\_\_\_

<b>8.</b> If the answer to any of the following is "YES", provide complete details of all events or <i>proceedings</i> in an attachment, including as applicable; name and location of court, docket or case number, and status and summary of event or <i>proceeding</i> ; copies of applicable charge(s), order(s), and/or consent agreement(s). Refer to the explanation of terms section of the form MU1 instructions for explanations of italicized terms. <b>Remember to file updates of these disclosures as needed.</b>		
<b>Criminal Disclosure</b>	<b>YES</b>	<b>NO</b>
(A) Has the <i>applicant</i> or a <i>control affiliate</i> ever:	<input type="checkbox"/>	<input type="checkbox"/>
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(B) In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> :	<input type="checkbox"/>	<input type="checkbox"/>
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services</i> or a <i>financial services-related</i> business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 8(B)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Regulatory Action Disclosure</b>		
(C) Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever:	<input type="checkbox"/>	<input type="checkbox"/>
(1) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with a <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked the <i>applicant's</i> or a <i>control affiliate's</i> registration or license or otherwise, by <i>order</i> , prevented it from associating with a <i>financial services-related</i> business or restricted its activities?	<input type="checkbox"/>	<input type="checkbox"/>
(D) Has the <i>applicant's</i> or a <i>control affiliate's</i> authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(E) Is the <i>applicant</i> or a <i>control affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 8(C)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Civil Judicial Disclosure</b>		
(F) (1) Has any domestic or foreign court:	<input type="checkbox"/>	<input type="checkbox"/>
(a) in the past ten years <i>enjoined</i> the <i>applicant</i> or a <i>control affiliate</i> in connection with any <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) ever <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> was <i>involved</i> in a violation of any <i>financial services-related</i> statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) ever dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against the <i>applicant</i> or <i>control affiliate</i> by a State or <i>foreign financial regulatory authority</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is the <i>applicant</i> or a <i>control affiliate</i> named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 8(F)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Financial Disclosure</b>		
(G) In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> been a mortgage lender or a mortgage broker or a <i>control affiliate</i> of a mortgage lender or a mortgage broker that has been the subject of a bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
(H) Has a bonding company ever denied, paid out on, or revoked a bond for the <i>applicant</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(I) Does the <i>applicant</i> have any unsatisfied judgments or liens against it?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Schedule A</b> <b>DIRECT OWNERS AND EXECUTIVE OFFICERS</b>	Applicant full legal name: _____ Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____				
1. Use Schedule A only in new applications to provide information on the <b>direct</b> owners and executive officers of the <i>applicant</i> . Use Schedule B in new applications to provide information on <b>indirect</b> owners. File all amendments on Schedule C. <b>Complete each column.</b>					
2. List below the names of: <ul style="list-style-type: none"> <li>(a) each executive officer, including President, Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, Director, and individuals with similar status or functions;</li> <li>(b) each <i>control person</i></li> <li>(c) in the case of an <i>applicant</i> that is a corporation, each shareholder that directly owns 10% or more of a class of a voting security of the <i>applicant</i>, unless the <i>applicant</i> is a publicly traded company;              Direct owners include any <i>person</i> that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 10% or more of a class of a voting security of the <i>applicant</i>. For purposes of this Schedule, a <i>person</i> beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.</li> <li>(d) in the case of an <i>applicant</i> that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 10% or more of the partnership's capital;</li> <li>(e) in the case of a trust that directly owns 10% or more of a class of a voting security of the <i>applicant</i>, or that has the right to receive upon dissolution, or have contributed, 10% or more of the <i>applicant's</i> capital, the trust and each trustee;</li> <li>(f) in the case of an <i>applicant</i> that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 10% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and</li> <li>(g) in certain <i>jurisdictions</i>, other required <i>persons</i>, including "qualified <i>persons</i>" or branch supervisors. Consult the <i>jurisdiction(s)</i> in which the <i>applicant</i> is applying for details.</li> </ul>					
3. Are there any indirect owners of the <i>applicant</i> required to be reported on Schedule B? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued).					
5. (a) In the "Control Person" column, enter "Yes" if the <i>person</i> has " <i>control</i> " as defined in the instructions to form MU1, and "No" if the <i>person</i> does not have <i>control</i> . Note that under this definition, most executive officers and all 10% owners, general partners, and trustees would be " <i>control persons</i> ". For each "Yes" response, submit Control Persons Information on form MU2. (b) In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "N/A."					
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title or Status	% Ownership	Control Person (yes/no)	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

<b>Schedule B</b> <b>INDIRECT OWNERS</b>	Applicant full legal name: _____  Date of filing (MM/DD/YYYY): _____      Desired Effective Date (MM/DD/YYYY): _____				
1. Use Schedule B only in new applications to provide information on the <b>indirect</b> owners of the <i>applicant</i> . Use Schedule A in new applications to provide information on <b>direct</b> owners. File all amendments on Schedule C. <b>Complete each column.</b>					
2. With respect to each owner listed on Schedule A, (except individual owners), list below: <ul style="list-style-type: none"> <li>(a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;            For purposes of this Schedule, a <i>person</i> beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.</li> <li>(b) in the case of an owner that is a partnership, <b>all</b> general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;</li> <li>(d) in the case of an owner that is a trust, the trust and each trustee; and</li> <li>(e) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.</li> </ul>					
3. Continue up the chain of ownership listing all 25% or more owners at each level. Once a public reporting company is reached, no ownership information further up the chain of ownership need be given.					
4. Complete the "Status" column by entering status as a partner, trustee, shareholder, etc. and if shareholder, class of securities owned (if more than one is issued).					
5. In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "NA".					
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

<div><div>Schedule C</div><div>AMENDMENTS TO SCHEDULES A &amp; B</div></div>	<div>Applicant full legal name: _____</div> <div>Date of filing (MM/DD/YYYY): _____      Desired Effective Date (MM/DD/YYYY): _____</div>					
1.    This Schedule is used to amend Schedules A and B of Form MU1. Refer to those schedules for specific instructions for completing this Schedule C. <b>Complete each column.</b>						
2.    In the Type of Amendment ("Type of Amd.") column, indicate "A" (addition), "D" (deletion), or "C" (change in information about the same <i>person</i> ).						
3. <b>List below all changes to Schedule A (DIRECT OWNERS AND EXECUTIVE OFFICERS):</b>						
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Title or Status	% Ownership	Control Person (yes/no)	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID
4. <b>List below all changes to Schedule B (INDIRECT OWNERS):</b>						
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

